

DFA-MARKETING & REDISTRIBUTION
6620 YOUNG ROAD
LITTLE ROCK, AR 72209

APPLICATION TO PURCHASE STATE OWNED SURPLUS PROPERTY

PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME OF TAX SUPPORTED INSTITUTION: _____

ADDRESS: _____

CITY: _____

STATE: _____ COUNTY: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

SOURCE OF APPROPRIATED TAX SUPPORT : _____

APPLICANT DOES _____ DOES NOT _____ REQUIRE A PURCHASE ORDER

I hereby authorize the following representatives to acquire property from DAF – Marketing & Redistribution and to obligate funds for payment of property purchased. It is understood that all property purchased will be utilized by the institution.

SIGNATURE OF PERSON AUTHORIZED TO OBLIGATE TAX FUNDS:

SIGNED : _____

PRINTED NAME: _____

TITLE: _____

DATE: _____